Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	 Complete all entries in accor 	rdance wit	h the instructions to the Form 550	0-SF.						
		entification Information									
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	10	and ending 1	2/31/2	2010					
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan				
	This return/report is for:	first return/report	final retur	final return/report							
		an amended return/report	short plar	year return/report (less than 12 mor	nths)						
C	Check box if filing under:	Form 5558	automatio	extension		DFVC progr	am				
		special extension (enter descripti	on)								
Pa	rt II Basic Plan Inform	nation—enter all requested inform	nation								
	Name of plan				1b	Three-digit					
	ROLOGICAL SURGERY, PC RI	ETIREMENT TRUST				plan number	001				
						(PN) •					
					1c	Effective date of 01/01/2					
22	Plan enoneor's name and addre	ess (employer, if for single-employer	r nlan)		2h		ification Number				
	ROLOGICAL SURGERY, PC	ess (employer, ir for single-employer	ι ριατι)		20	(EIN) 11-237					
					2c	Plan sponsor's	telephone number				
	MERRICK ROAD, STE 128W KVILLE CENTRE, NY 11570				0.1		55-9031				
					2 a	Business code 62111	(see instructions)				
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	9")	3b	Administrator's	EIN				
NEUI	ROLOGICAL SURGERY, PC	100 MERRIC ROCKVILLE	CK ROAD,	STE 128W		11-237	70723				
			,		3с	Administrator's	telephone number 55-9031				
4 1	the name and/or EIN of the pla	n sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b EIN						
		r from the last return/report. Sponso		per med tel time plan, emel tile							
					4c 5a	4c PN					
	5a Total number of participants at the beginning of the plan year						74				
	• •	the end of the plan year			5b		90				
С		th account balances as of the end c		•	5c		90				
6a				(See instructions.)			X Yes No				
	•	0 , ,		ndent qualified public accountant (IQI							
				ons.)			^ Yes No				
Da			orm 5500-	SF and must instead use Form 55	00.						
Pa -	rt III Financial Informa	ation			1						
-	Plan Assets and Liabilities			(a) Beginning of Year 5394331	1	d of Year 5121965					
	Total plan assets		7a	3004001	312190						
	•			5394331	-		5121965				
		b from line 7a)	7с		·						
8	Income, Expenses, and Transf			(a) Amount	(b) Total						
а	Contributions received or recei (1) Employers	vable from:	8a(1)	188367	7						
	• • • • • • • • • • • • • • • • • • • •			552253	53						
	• • • • • • • • • • • • • • • • • • • •		` '	160028	28						
b	, ,		` '	-1154760)						
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)			-25						
d	Benefits paid (including direct r	ollovers and insurance premiums		16693	3						
_				10090	_						
		ive distributions (see instructions)		1561	-						
t		s (salaries, fees, commissions)		1001	-						
g	·						18254				
n :		Be, 8f, and 8g)					-272366				
 		e 8h from line 8c)					2,2000				
J	Transiers to (ITOHI) the plan (Se	e instructions)	8i	İ							

	Fo	orm 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
Эа	If the p	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch	aracteri	stic Co	des in	the instru	ctions:		
L		PF 2G 2J 2K 3D	rootorio	tio Co.	ا ما مما	tha inatuu	ation o		
b	n me p	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	iracteris	stic Co	ues in	ine instruc	cuoris:		
art	t V	Compliance Questions							
0		g the plan year:		Yes	No		Amour	nt	
а	Was	there a failure to transmit to the plan any participant contributions within the time period described in 2FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	n 10a		X				
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c	X				200	0000
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauc	10d		Х				
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e	X				12	2855
f		he plan failed to provide any benefit when due under the plan?	10f		X				
q			10g	X				124	4149
_		Did the plan have any participant loans? (If "Yes," enter amount as of year end.)							
••		.101-3.)	10h		X				
i		was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i		X				
art	VI I	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co				•	Y	′es X	No
2	Is this	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of	ERISA?	Y	'es X	No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instring the waiver.							
lf	•	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			,				
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ive amount)			12d				
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Y	′es X	No
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	nt under	the co	ontrol		□ ∨	es X	No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	07/01/2011	DR. STEPHEN BURSTEIN					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

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Pension Benefit Guaranty Corporation

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

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_		dance wi	<u>th the instructions</u> to the Form 55()0-SF.		
	art I Annual Report Identification Information r calendar plan year 2010 or fiscal plan year beginning (01/01/2	2010 and and law		12/21/20	10
	₩ -t1t D	`			12/31/20:	
		employer plan (not multlemployer)		one-participa	ant plen	
В	This return/report is for: first return/report	!	m/report			
_	an amended return/report	Ÿ	n year return/report (less than 12 mo	inths)	П	
C	Check box if filing under: Form 5558	,	c extension		□ DFVC program	am
	special extension (enfer description	•				
	art II Basic Plan Information—enter all requested inform	ıalion	<u> </u>	l an		· · · · · · · · · · · · · · · · · · ·
Ta	Name of plan NEUROLOGICAL SURGERY, PC RETIREMENT TRUS	T		ar	Three-digit plan number	
				L.,	(PN) >	001
				1c	Effective date of	
-20	Dian anangada nama and adduses (analysis if for single analysis	!\		01-	01/01/200	<u>-</u>
40	Plan sponsor's name and address (employer, if for single-employer NEUROLOGICAL SURGERY, PC	pian)		20	(EIN) 11-237	lication Number 0723
				2c		telephone number 9031
	100 MERRICK ROAD, STE 128W					
	ROCKVILLE CENTRE		พช 11570	2d	Business code (621111	(see Instructions)
3a	Plan administrator's name and address (If same as Plan sponsor, e	nter "Sam		3b	Administrator's	 EIN
	SAME					
				3с	Administrator's	lelephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/re	sport fited for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponso	r's name	,			
5a Total number of participants at the beginning of the plan year					PN	
b				5a 5b		74
						90
C Total number of participants with account balances as of the end of the plan year (defined benefit plans decomplete this item)						90
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See Instructions.)			X Yes No
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)					
	If you answered "No" to either 6a or 6b, the plan cannot use Fo					⊠ Yes ∐ No
Pa	rt III Financial Information		or and made motora age I only on			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Yotal plan assets	7a	5,394,33	1		5,121,965
þ	Total plan liabilities	7b				
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	5,394,33	1		5,121,965
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	<u>[otal</u>
a	Contributions received or receivable from: (1) Employers	0a(1)	188,36	7		
	(2) Participants		552,25	_		
	——————————————————————————————————————		160,02	_		
b	Other income (loss)	8b	(1,154,760	_		
С	Total Income (add Itnes 8e(1), 8a(2), 8a(3), and 8b)	8c		1		(254,112)
d	Benefits paid (Including direct rollovers and insurance premiums		16.60			
_	lo provide benefils)	8d	16,69	3		
6	Certain deemed and/or corrective distributions (see instructions)	8e	4 5 6	-		
Ţ	Administrative service providers (seleries, fees, commissions)		1,56	4		
g h	Other expenses	θg es		+		
1	Net Income (loss) (subtract line 8h from line 8c)	6h 81		+		18,254
í	Transfers to (from) the plan (see instructions)	81		+-		(272,366 <u>)</u>
	, , , , , , , , , , , , , , , , , , , ,	. 61				

i.		Form 5500-SF 2010		İ	⊃age 2-								
Par 9a		Plan Characteristics e plan provides pension benefits, enter the applicable pension fee 2E 2F 2G 2J 2K 3D	ature codes	from th	e List of Plan Char	racteris	stle Co	ides In	the instruc	lions:			
b	if u	e plan provides welfare benefits, enter the applicable welfare fea	dure codes	from the	List of Plan Chan	acteris	llo Co	des in	the instructi	ons:			
Parl	٠V	Compliance Questions	-						900		_		
10		ring the plan year:					Yes	No		Amount			
а	W	s there a fallure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ns within th ary Correct	e (lme p on Prog	eriod described in ram)	10a		х	,	Amount			
b		re there any nonexempt transactions with any party-in-interest? (10b		х					
¢		as the plan covered by a fidelity bond?				10c	х	V.50.00		2/	00,00		
d	Die	the plan have a loss, whether or not reimbursed by the plan's fid	elity bond,	that was	caused by fraud	10d	Δ	х		200,0			
6	We Ins	re any fees or commissions paid to any brokers, agents, or other trance service or other organization that provides some or all of f ructions.)	persons by he benefits	an insu under Ik	rance carrier. ne plan? (See	100	х			12,85			
f		the plan failed to provide any benefit when due under the plan?				10f	5-075	х					
g	Dio	the plan have any participant loans? (If "Yes," enter amount as o	f vear end.			10g	х			1/	24,14		
ĥ	If U	is is an individual account plan, was there a blackout period? (Se 0.101-3.)	e instructio	ns and 2	29 CFR	10h		×		14	24,14		
1	lf 1	On was answered "Yes," check the box if you either provided the i eptions to providing the notice applied under 29 CFR 2520.101-3	required no	lice or o	ne of lhe	101		х			<u> </u>		
Part	VI	Pension Funding Compliance	IV.										
	Is it (If " If a gra	is a defined benefit plan subject to minimum funding requirement (i))	quirements le.) amortized i	of section	on 412 of the Code	or se	clion 3		ERISA?	Yes Yes letter ru	X No		
		completed line 12a, complete lines 3, 9, and 10 of Schedule M						401	TO THE STATE OF TH				
		r the minimum required contribution for this plan year						12b 12c					
d	Sub	er the amount contributed by the employer to the plan for this plan tract the amount in line 12c from the amount in line 12b. Enter the alive amount)	e result (en	ler a mir	us sign to the left	of a	-	12d					
		the minimum funding amount reported on line 12d be met by the					_		Yes	No [X N/A		
Part		Plan Terminations and Transfers of Assets	100		91		- 10000			k 3/ k			
13a	Нае	a resolution to terminate the plan been adopted during the plan y	/ear or any	prior yea	ar?					Yes	X No		
		es," enter the amount of any plan assets that reverted to the emp						13a			-		
b	We of t	e all the plan assets distributed to participants or beneficiaries, tra e PBGC?	ansferred to	anothe	r plan, or brought	under I	he co	nirol		Yes	X No		
C	lf di whi	ring this plan year, any assets or liabilities were transferred from th assets or liabilities were transferred. (See Instructions.)	this plan to	anolher	plan(s), identify th	ne plan	(s) to		S. C. L.	V-183	======================================		
13	3c(1	Name of plan(s):					130	13c(2) EIN(s) 13c(3) Pi) PN(s)		
Cauti	on:	penalty for the late or incomplete filing of this returnireport	will be as	sessed	unless reasonabl	le cau	se is e	stabli	shed.	1 -7			
SB or	Sch	aliles of perjury and other penalties set forth in the instructions, I adule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare tha s the electr	t I have onic ver	examined this retu sion of this return/	ırn/rep report,	ort, inc	cluding the b	ı, if applicat est of my k	le, a Sch nowledge	edule and		
SIGN	Dr. Ste			Dr. Stepher	n Bu	rste	in						
HERE		Signature of pan administrator	Date		Enter name of Individual signing as plan admini			istrator	_				
ŞIĞN	ī	//h/ h-	430	11			AACAMINATA						
HERE						Individual signing as employer or plan sponsor							

Enter name of Individual signing as employer or plan sponsor